

USMLE Application submitted on 8/29/2012 5:04:36 PM

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**USMLE Step 1, Step 2 CK and Step 2 CS Application  
For Students and Graduates of US/Canadian Medical Schools**

Reference ID:PK88610

USMLE ID#:62678356

Exam:STEP2, STEP2CS

**MEDICAL SCHOOL INFORMATION**

At the time you submit your application and when you take the exam, you must be officially enrolled in or a graduate of the medical school listed in this section. If the above school is incorrect, select the correct medical school from the drop-down list below. Verify/update the start date of your enrollment. Enter the date you received or the future date when you expect to receive the MD or DO degree.

Medical School:	Oklahoma - U Oklahoma College of Med Oklahoma City
Date Enrolled:	08/01/2009
Date Medical Degree Expected/Conferred:	06/01/2013
Medical Degree Expected/Conferred:	MD
Are you participating in a combined MD/PHD Program?:	N

**ELIGIBILITY PERIOD:**

Select one three-month eligibility period from the drop-down list below. To allow time for processing, select a period that begins at least a few weeks after you plan to submit your completed application. NOTES: Eligibility periods for next year will not be available until mid-September. Step 1 and Step 2 CK are not administered during the first two weeks of January or on major holidays. You will be assigned to the period you select unless it violates retake policy as described in the USMLE Bulletin of Information. In this case, you will be assigned to the first three-month period for which you are eligible. Prometric schedules testing appointments for Steps 1 and 2 CK up to six months in advance. If your application is submitted more than six months in advance of your requested eligibility period, it will be processed, but your Scheduling Permit will be issued no more than six months before your assigned eligibility period begins.

Step 2 CK:

Oct 1 - Dec 31, 2012

**REGION:**

Select the region where you will take the exam from the drop-down list below. Note that there is an additional fee for testing outside of the United States and Canada.

Step 2 CK:

United States and Canada

**STEP2 CS (Clinical Skills)**

The eligibility period for Step 2 CS is a twelve-month block of time during which you are able to take the exam. Please note that you do not choose your eligibility period for Step 2 CS. The eligibility period typically begins one day after your registration is completed.

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**EXHIBIT**

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**NAME:**

Below is your name as it appears on your NBME record. Your first name (given name) and last name(s) (surname/family name) must match your name exactly as it appears on the ID you plan to present at the test center (an unexpired, government-issued form of identification that includes both your photo and signature, such as a current driver's license or passport). You must present this identification and your Scheduling Permit at the testing center to take the exam and your names must match.

First Name:

Randy

Middle Name:

Blake

Last Name:

Patterson

If you changed your name or if your name is misspelled, please check the "Name Changed" box below. If your name changes after submitting your application, but prior to taking an exam, return to this website and complete the online Name Change form according to the instructions.

**NAME CHANGE INFORMATION:**

Name Changed:

N

**CONTACT INFORMATION:**

Enter or update your current email address and mailing address using proper upper and lower case. Communications about your application and registration will be sent by email.

Country:

United States including PR, VI, Guam

Address Line1/Apartment#:

City:

State:

Zip:

Email Address:

Daytime Telephone Number:

**US SOCIAL SECURITY AND NATIONAL IDENTIFICATION NUMBERS:**

Enter or update your social security number (SSN) and/or national identification number (NIN) (dashes and/or spaces not required), date of birth, gender, and country of citizenship upon entering medical school. If you are entering an NIN, use the drop-down list below to select the country that assigned the number.

Social Security Number:

**DATE OF BIRTH:**

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10/13/2015

NBME 00002

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Birth Date:

GENDER:

Gender:

M

#### PREVIOUS MEDICAL SCHOOL HISTORY:

If you previously attended another medical school in the US or Canada, complete the following section. Use the drop-down lists below to select your previous school and the dates of attendance. If you attended another medical school outside of the US, you may leave this section blank.

#### CITIZENSHIP UPON ENTERING MEDICAL SCHOOL:

Country:

United States Including PR, VI, Guam

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#### USMLE Step 1, Step 2 CK and Step 2 CS Application For Students and Graduates of US/Canadian Medical Schools

Reference ID:PK8801D

USMLE ID#E52678366

Exam:STEP2, STEP2CS

#### TEST ACCOMMODATIONS:

If you have a documented disability, are covered under the Americans with Disabilities Act (ADA), and wish to request test accommodations, please check the box next to the exam(s) for which you are applying and will be requesting the accommodation(s). Checking this box does not constitute an official request. You must also submit a completed questionnaire, along with appropriate documentation, as your official written request for test accommodations. For further instructions, refer to USMLE Test Accommodations at <http://www.usmle.org/test-accommodations/>.

I have a documented disability covered under the Americans with Disabilities Act and am requesting test accommodations for this exam.

Step 2 CK:

N

Step 2 CS

N

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**OPTIONAL INFORMATION:**

The following information is optional. We encourage you to provide this information which will be used for research purposes only. Your response is voluntary. The processing of your application will not be affected by your response to this section.

Select the option or options which best describe your racial/ethnic background. ( American Indian/Alaskan Native, Asian, Native Hawaiian/Other Pacific Islander, Hispanic or Latino, Black or African American, White, Other, Do not wish to respond):

Asian, Native Hawaiian/Other Pacific Islander,	Hispanic or Latino,	White
Black or African American,	Other,	Do not wish to respond)

Is English your Native Language (Yes, No, Do not wish to respond)?: Yes

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**FEES:**

Payment Method	Master Card/Visa
Step 2 CK Application Fee:	\$635.00
Step 2 CS Application Fee	\$1140.00

**CERTIFICATION:****APPLICANT CERTIFICATION**

- I certify that I currently meet the USMLE eligibility requirements, i.e.,
  - I am officially enrolled in or a graduate of a US or Canadian medical school program leading to the MD degree that is accredited by the Liaison Committee on Medical Education (LCME), or a US medical school program leading to the DO degree that is accredited by the American Osteopathic Association (AOA); or
  - I am a graduate of an unaccredited medical school in the US or Canada and have been sponsored by a medical licensing authority to take USMLE Step 1 and 2.
- I certify that I have read the current Bulletin of Information and Application Instructions, am familiar with their contents, and agree to abide by the policies and procedures described therein.
- I certify that the information provided on this application is true and accurate.

To indicate agreement, check box and press "SUBMIT".

**URLS:**

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